MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043620 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1593

FILED NOV 20 1963

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Johns Hospital — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): 1449 N. Grant — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First: Fred Middle: B. Last: Williams
4. DATE OF DEATH: Month: November Day: 15, Year: 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: 10/18/1876
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locomotive Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Iowa City, Iowa
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Robert Williams
13b. MOTHER'S MAIDEN NAME: Kate Williams
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi)
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Mrs. Gaylord Weeks (Niece) Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pericarditis, acute (viral) — INTERVAL BETWEEN ONSET AND DEATH: Few days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis, senile; pul. Emphysema
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/7/63 to 11/15/63 and last saw her/him alive on 11/15/63
Death occurred at 10:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E R Lemmon (Degree or title): MD
22b. ADDRESS: 609 Cherry Springfield, Missouri
22c. DATE SIGNED: 11-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/18/63
23c. NAME OF CEMETERY OR CREMATORY: Maple Park Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: KLINGNER MORTUARY, INC. ADDRESS: Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 11-19-63
26. REGISTRAR'S SIGNATURE: Bernie Medley, acting

jhc

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

1 0397 | | | 2
2 0397 | | |
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USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

DEC 4 1963

FEB 11 1964

11-19-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mark Rhodes

Licensed Embalmer No. 4071

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.